

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re
L. D. Tonsager & Sons, Inc.

) Case No. 20-30636-dwh7
)
)
) **Notice of Debtor's**
) **Amendment of Mailing List or**
) **Schedules D, E, F, E/F, G, or H**

Debtor(s)

1. Filing Instructions for Debtor(s)

- A. File this form to add or delete creditors from the mailing list and/or Official Forms (OF) Schedules D, E, F, E/F, G or H, or change the amount or classification of a debt listed on Schedules D, E, F and/or E/F. An amendment filing fee is required.
- B. If filing in paper, include a creditor mailing list with only the new or deleted creditors listed in the format set forth on Local Bankruptcy Form (LBF) 104. Be sure to label each set of changes (i.e., "Add", "Delete", etc.).
- C. If amending Schedules D, E, F, E/F, G or H, label them as "Supplemental" and include only the new information, and file them with this notice.
- D. If amending Schedules D, E, F or E/F, file OF B 106Sum for individual debtors, or OF B 206Sum for non-individual debtors.
- E. If the case is closed, file a separate motion to reopen with the applicable filing fee.
- F. To file an address change for a previously listed creditor, use LBF 101C instead of this form.

2. Service Instructions for Debtor(s)

- A. When adding creditors, serve each new creditor with this notice, and a copy of any of the following documents that have already been filed in this case:
 - 1. The notice of meeting of creditors (i.e., notice of bankruptcy case) that includes all 9 digits of any Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
 - 2. Each applicable amended schedule.
 - 3. When the time for filing a timely proof of claim or complaint under 11 U.S.C. § 523(c) or § 727 has expired, a separate notification that adding the creditor may not result in discharge of the debt. You must create this notification.
 - 4. Chapter 7 or 11: Any order fixing time for filing a proof of claim form.

5. Chapter 9, 11, 12, or 13:

- The notice of any pending confirmation hearing, all related documents sent with that notice and, in a chapter 13 case, the most recent proposed plan; or
- The most recent confirmation order, the most recent confirmed plan, and, if a confirmed chapter 11 plan, the approved disclosure statement.

6. Chapter 11, 12 or 13: Any notice of modification of plan, including attachments, if time for objection has not expired.

7. Chapter 9 or 11:

- The names and addresses of the chairperson and any attorney for each official committee of creditors or equity security holders.
- The notice of any pending hearing on a disclosure statement, with attachments.

B. When deleting creditors, changing a creditor status (e.g., nondisputed to disputed), or reducing a creditor's claim, serve each affected creditor with this notice, the applicable amended schedule(s), and the following:

1. A notice to each deleted creditor that:

- the creditor is being deleted and will not receive any further notices; and
- if time has been fixed to file a proof of claim, the creditor should contact the creditor's attorney with any claims questions.

2. Chapter 9 or 11: A notice to each affected creditor that a proof of claim must be filed by the later of (a) 30 days from the service date of this notice, or (b) the latest time fixed by the court.

3. Certificate of Compliance

The undersigned debtor or debtor's attorney certifies that: (A) all applicable requirements above have been completed; and (B) the attachments are true and correct or were individually verified by the debtor(s).

Dated: February 26, 2020

/s/ Ann K. Chapman

Signature

Ann K. Chapman 503-241-4869

Type or Print Signer's Name and Phone No.

29174 SW Town Center Loop West, Ste 204

Wilsonville, OR 97070

93-1093595

Debtor's Address & Taxpayer ID #(s) (last 4 digits)

Fill in this information to identify the case:Debtor name **L. D. Tonsager & Sons, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **20-30636-dwh7**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **30,633.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **30,633.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **803,794.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **28,399.99****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,491,493.00****4. Total liabilities**
Lines 2 + 3a + 3b\$ **2,323,686.99**

Fill in this information to identify the case:Debtor name L. D. Tonsager & Sons, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGONCase number (if known) 20-30636-dwh7☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 East Shore Equities LLC Creditor's Name 5788 Merric Rd, Ste 205 Massapequa, NY 11758 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 4195 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien MCA Describe the lien Accounts receivable Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$0.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **L. D. Tonsager & Sons, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **20-30636-dwh7**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Betst LLC; dba: BETSTCO Attn: Jason Cary 83371 Melton Rd, N Creswell, OR 97426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$208,522.00
3.2	Nonpriority creditor's name and mailing address China Herbs & Natural Product Int'l Corp Attn: Wenyi Niu 4804 SE 69th Ave Portland, OR 97206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$18,780.00
3.3	Nonpriority creditor's name and mailing address EIN Cap, Inc. 160 Pearl Street, 5th Floor New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.4	Nonpriority creditor's name and mailing address Elephantus LLC Attn: Ebrahim Al-Aregi 55221 McDonald Rd. Vernonia, OR 97064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$30.00

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3.5	Nonpriority creditor's name and mailing address Fagus GreCon Inc. Attn: Tim McClure 648 Griffith Rd, Ste A Charlotte, NC 28217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
3.6	Nonpriority creditor's name and mailing address Hareline Dubbin LLC Attn: Marcos Vergara 24712 Territorial Rd Monroe, OR 97456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,806.00
3.7	Nonpriority creditor's name and mailing address Hayward, Jered J. dba: Bottles and Tins Attn: Jered Hayward 4705 Battle Creek Rd, SE Salem, OR 97302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,637.00
3.8	Nonpriority creditor's name and mailing address James King & Co., Inc. Attn: Tim Pearson PO Box 37 Tualatin, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,013.00
3.9	Nonpriority creditor's name and mailing address Key Knife, Inc. Attn: Don Corcoran 19100 SW 125th Ct. Tualatin, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,499.00
3.10	Nonpriority creditor's name and mailing address Krude Solutions Attn: Ronald Brid 9953 SE Pine Street Portland, OR 97216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,312.00

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3.11	Nonpriority creditor's name and mailing address LumaLaser, Inc. Attn: Tim Ziegenbein 84777 Charlottes Way Eugene, OR 97405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$837.00
3.12	Nonpriority creditor's name and mailing address Moxilabs LLC Attn: Harlan Moore 30943 Ehlen Dr. Albany, OR 97321 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,075.00
3.13	Nonpriority creditor's name and mailing address Oregon Seafoods LLC Attn: Mike Babcock PO Box 5800 Coos Bay, OR 97420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,438.00
3.14	Nonpriority creditor's name and mailing address Paychex Time & Attendance Inc. Attn: Ivy Widjaja 9650 SW Nimbus Ave Beaverton, OR 97008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,013.00
3.15	Nonpriority creditor's name and mailing address Precision LLC Attn: Nancy Sturdevant 3800 NE Three Mile Lane McMinnville, OR 97128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.00
3.16	Nonpriority creditor's name and mailing address Pro-Plus Fasteners LLC Attn: Anthony Rigoni PO Box 25490 Portland, OR 97298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW CREDITOR</u> <u>Duty Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,623.00

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3.17 Nonpriority creditor's name and mailing address

Rumple, Scott K.

**15175 SW Warbler Way, Unit 101
Beaverton, OR 97007**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$8,074.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **NEW CREDITOR**
Duty Refund

Is the claim subject to offset? ☒ No ☐ Yes

3.18 Nonpriority creditor's name and mailing address

**Smith Teamaker, LLC
Attn: Ravi Kroesen
110 SE Washington St.
Portland, OR 97214**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$529.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **NEW CREDITOR**
Duty Refund

Is the claim subject to offset? ☒ No ☐ Yes

3.19 Nonpriority creditor's name and mailing address

**Vinyl Northwest Inc dba: Pella Vinyl
Attn: Christine Bach
18600 NE Wilkes Rd
Portland, OR 97230**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$5,662.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **NEW CREDITOR**
Duty Refund

Is the claim subject to offset? ☒ No ☐ Yes

3.20 Nonpriority creditor's name and mailing address

**Xtractek, LLC
Attn: Charles Weller
2115 W 24th Ave
Eugene, OR 97405**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

\$1,543.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **NEW CREDITOR**
Duty Refund

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the
related creditor (if any) listed?

Last 4 digits of
account number, if
any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 0.00

5b. + \$ 372,822.00

5c. \$ 372,822.00

Betst LLC; dba: BETSTCO
Attn: Jason Cary
83371 Melton Rd, N
Creswell, OR 97426

China Herbs & Natural Product Int'l Corp
Attn: Wenyi Niu
4804 SE 69th Ave
Portland, OR 97206

East Shore Equities LLC
5788 Merric Rd, Ste 205
Massapequa, NY 11758

EIN Cap, Inc.
160 Pearl Street, 5th Floor
New York, NY 10005

Elephantus LLC
Attn: Ebrahim Al-Aregi
55221 McDonald Rd.
Vernonia, OR 97064

Fagus GreCon Inc.
Attn: Tim McClure
648 Griffith Rd, Ste A
Charlotte, NC 28217

Hareline Dubbin LLC
Attn: Marcos Vergara
24712 Territorial Rd
Monroe, OR 97456

Hayward, Jered J.
dba: Bottles and Tins
Attn: Jered Hayward
4705 Battle Creek Rd, SE
Salem, OR 97302

James King & Co., Inc.
Attn: Tim Pearson
PO Box 37
Tualatin, OR 97062

Key Knife, Inc.
Attn: Don Corcoran
19100 SW 125th Ct.
Tualatin, OR 97062

Krude Solutions
Attn: Ronald Brid
9953 SE Pine Street
Portland, OR 97216

LumaLaser, Inc.
Attn: Tim Ziegenbein
84777 Charlottes Way
Eugene, OR 97405

Moxilabs LLC
Attn: Harlan Moore
30943 Ehlen Dr.
Albany, OR 97321

Oregon Seafoods LLC
Attn: Mike Babcock
PO Box 5800
Coos Bay, OR 97420

Paychex Time & Attendance Inc.
Attn: Ivy Widjaja
9650 SW Nimbus Ave
Beaverton, OR 97008

Precision LLC
Attn: Nancy Sturdevant
3800 NE Three Mile Lane
McMinnville, OR 97128

Pro-Plus Fasteners LLC
Attn: Anthony Rigoni
PO Box 25490
Portland, OR 97298

Rumple, Scott K.
15175 SW Warbler Way, Unit 101
Beaverton, OR 97007

Smith Teamaker, LLC
Attn: Ravi Kroesen
110 SE Washington St.
Portland, OR 97214

Vinyl Northwest Inc dba: Pella Vinyl
Attn: Christine Bach
18600 NE Wilkes Rd
Portland, OR 97230

Xtractek, LLC
Attn: Charles Weller
2115 W 24th Ave
Eugene, OR 97405